

Employer Based Wellness Program Commitment Agreement

Name of Employer : _____

Name of Agency/Employer Head: _____

As signified by my signature on the bottom of this page, I commit my support towards promoting and implementing a worksite wellness program. I understand that in order to have success, I must also promote a healthy supportive worksite culture by encouraging employees to communicate openly, be open to change, and to work together as a team. Further elements of a healthy worksite that I will strive for are encouraging employees to have fun, grow in the skills and talents that their job requires, keep work, personal and family time in balance and view risks as an opportunity to learn, even if an idea fails. Whenever possible, flexible work schedules will be available to staff.

Signature of Agency/Employer Head

Wellness Coordinator Contact Information:

Name of Appointed Wellness Coordinator: _____

Telephone number : _____

Email address: _____

Mailing address: _____

Submit this completed agreement to NDPERS by May 12, 2005 to ensure that your group is eligible for the premium discount.

Note: State agencies must participate in this program to obtain the group rate funded by the legislature this biennium.